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STAAS & HALS SUITE 700 1201 NEW YORK WASHINGTON, I 02/02/2006 MBEYENE2 000	AVENUE, N.W. DC 20005			I hereby certify that States Postal Servic addressed to the M transmitted to the Ut	Certificate of Mailing or Tran this Fee(s) Transmittal is beir e with sufficient postage for fi fail Stop ISSUE FEE address SPTO (571) 273-2885, on the	nsmission ng deposited with the United irst class mail in an envelope s above, or being facsimile date indicated below.  (Depositor's name) (Signature)
01 FC:1501 02 FC:1504	1400.00 OP 300.00 OP					(Date)
APPLICATION NO.	FILING DATE		FIRST NAMED	INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/076,561	02/19/2002	Jin Gyo Seo			1293.1322	1466
TITLE OF INVENTION:	PPARATUS FOR AND MID OF GENERA	ETHOD OF GENE ATING OPT	TICAL R	CAL RECORDING PULS	E APPARATUS SE INCLUDING A	S FOR AND MULTIPULSE —
APPLN. TYPE	SMALL ENTITY	ISSUE F	EE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400		\$300	\$1700	02/03/2006
EXAMINER		ART UNIT CLASS-SUBCLASS				
PSITOS, ARISTOTELIS M		2656		369-053110		
<ol> <li>Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).</li> <li>Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.</li> <li>"Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Custome Number is required.</li> </ol>			(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.			
3. ASSIGNEE NAME ANI PLEASE NOTE: Unless recordation as set forth i  (A) NAME OF ASSIGN	s an assignee is identified to a 37 CFR 3.11. Completion	pelow, no assignee of this form is NC	data will appe or a substitute f	(print or type) ar on the patent. If an ass or filing an assignment. E: (CITY and STATE OR (	signee is identified below, the	document has been filed for
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					Corporation or other private	group entity Government
4a. The following fee(s) are	e enclosed:	4	b. Payment of I	ree(s): n the amount of the fee(s) is	s enclosed	
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Advance Order - # of Copies			The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 19-2925 (enclose an extra copy of this form).			
a. Applicant claims S	s (from status indicated above SMALL ENTITY status. See	e 37 CFR 1.27.	☐ b. Applica	ant is no longer claiming Sh	MALL ENTITY status. See 37	
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Authorized Signature	Paul F.Z	) ael ob		Date	January 3	2006
Typed or printed name PAUL F. DAEBELER			Registration No. 35,852			
submitting the completed a	application form to the USP as for reducing this burden, ginia 22313-1450. DO NO	TO, Time will var	he Chief Inform	nation Officer IIS Patent		and by the USPTO to process) ding gathering, preparing, and f time you require to complete lepartment of Commerce, P.O. er for Patents, P.O. Box 1450,

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